

DO NOT FILL IN

Permit Number _____

Record ID _____

Expiration _____

FF _____

FA _____

SN _____

County of San Bernardino — Human Services System
 DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH SERVICES
 385 N. Arrowhead Ave., 2nd Floor
 San Bernardino, CA 92415-0160
 (909) 884-4056
 www.sbcounty.gov/dehs

WELL PERMIT

(Please Print)

DO NOT FILL IN

Date _____

Amount \$ _____

Check # _____

Receipt Number _____

Paid by _____

City Code _____

1. OWNER: Name _____

Site Address _____

City _____ Zip _____

Mailing Address _____

City _____ Zip _____

Telephone Number () _____

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth _____ ft.

Furnished by: ☐ Owner ☐ Contractor

☐ Driven Conductor Dia. _____ in., Wall (Gage) _____

☐ Sealing Material _____, Thickness _____ in.

6. DEPTH OF WELL (feet):

Proposed _____ Existing _____

DIAMETER OF BORE (in.): _____

2. WELL DRILLER: _____

Business Name

Start Date *Completion Date*

7. CASING INSTALLED:

☐ Steel ☐ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)

Gravel Pack: ☐ Yes ☐ No

From _____ to _____ ft.

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☐ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

8. PERFORATIONS (if applicable):

From _____ to _____ ft.

Pumping rate (gpm) _____

4. TYPE OF WORK (check):

☐ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From _____ to _____ ft.

SECTION MAP - DO NOT FILL IN

Scale: 1 inch = ¼ mile

NW ¼	NE ¼
SW ¼	SE ¼

10. LOCATION INFORMATION

(a) TOWNSHIP:

Tier _____ N/S Range _____ E/W Section _____

(b) Assessor's Parcel No. _____

(c) Latitude and Longitude

Lat: _____ °, _____ ', _____ " N/S

Long: _____ °, _____ ', _____ " N/S

(d) Solid or Liquid Disposal Site within Two Miles

☐ Yes ☐ No

Location _____

DO NOT FILL IN

Seal _____

Cap _____

Check Valve _____

Electricals _____

Stab _____

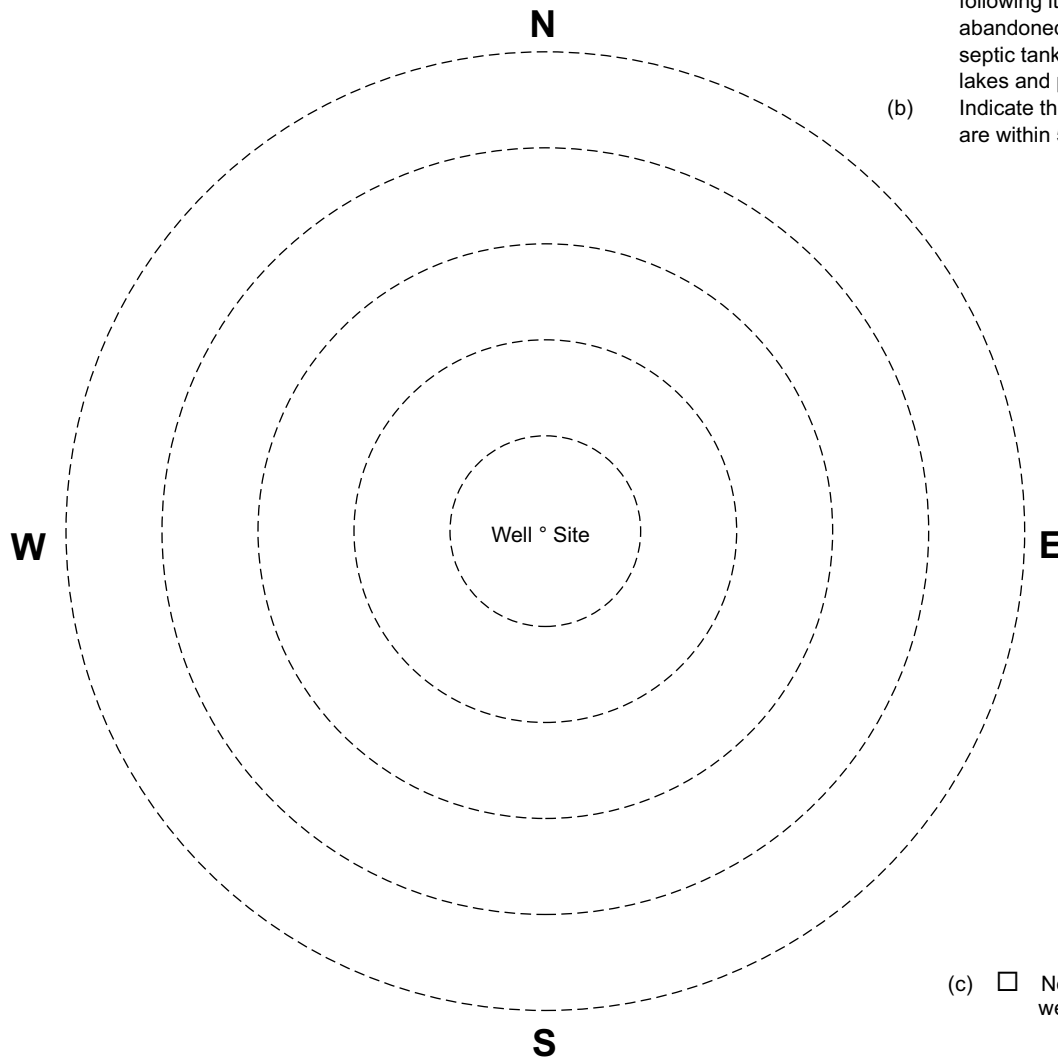
Tag _____

Building & Safety Notified _____

Assessor's Parcel No. _____

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in **feet**, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	_____
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature _____ Date _____

County Registration No. _____ California License No. _____

DISPOSITION OF PERMIT

(For Department Use Only)

- ☐ Sent to Water Agency for review.
- ☐ Water Agency conditions or recommendations attached.
- ☐ Denied

☒ Approved subject to the following:

A. ☒ Notify the Department, _____ Safe Drinking Water Program, (909) 387-4666, _____, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.
- ☐ After installation of the surface protective slab and pumping equipment.
- ☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis | <input type="checkbox"/> General Mineral | <input type="checkbox"/> Organic Chemical analysis |
| | | <input type="checkbox"/> General Physical |

Comments _____